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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545 1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning Jul 1 , 2009, and ending Jun 30 , 2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
ROTARY INTERNATIONAL - WILMINGTON

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 1194

City or town, state or country, and ZIP + 4
WILMINGTON NC 28402

D Employer identification number
56-0383445

E Telephone number
(910) 792-5600

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► www.wilmingtonrotaryclub.org

J Tax-exempt status (check only one) — ☒ 501(c) (4) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 181,921.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	25,000.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	133,266.
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 23,655.		
	b	Less direct expenses other than fundraising expenses	6b 3,801.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	19,854.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ►)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	178,120.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See L-10 Stmt		10	32,200.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	3,000.
	14	Occupancy, rent, utilities, and maintenance		14	11,322.
	15	Printing, publications, postage, and shipping		15	5,036.
	16	Other expenses (describe ► See Other Expenses Statement)		16	113,180.
	17	**Total expenses.** Add lines 10 through 16 ►		17	164,738.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	13,382.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	53,107.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	66,489.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	58,458.	22	71,654.
23	Land and buildings	1,910.	23	1,025.
24	Other assets (describe ► See L-24 Stmt)	639.	24	0.
25	**Total assets**	61,007.	25	72,679.
26	**Total liabilities** (describe ► See L-26 Stmt)	7,900.	26	6,190.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	53,107.	27	66,489.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

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Part III | Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? Promote Intl Peace,Understanding,Goodwill and Health

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	The Organization's primary purpose is to provide services to the community for the advancement of International understanding, goodwill and peace through a world of business and professional leaders (Grants $ 7,200.) If this amount includes foreign grants, check here ► ☐	28a	13,416.
29	Civic Club-sponsors weekly educational meetings, bi-weekly bulletins, annual handbook and social functions for the approximately 200 members (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	29a	89,322.
30	Local and International Service-Provide Funds and Manpower for World Projects such as eradication of Polio and other Childhood diseases as well as provide clean water for third world countries (Grants $ 25,000.) If this amount includes foreign grants, check here ► ☐	30a	56,627.
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	159,365.

Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Jeff Newman 4113 Devonshire Ln Wilmington NC 28409	President 4.00	0.	0.	0.
RB Richey 111 East Highbluff Dr Hampstead NC 28443	Pres-Elect 2.00	0.	0.	0.
Elliott O'Neal 1918 Hallmark Lane Wilmignton NC 28405	Secretary 2.00	0.	0.	0.
John H Liverman III 1225 Arboretum Dr Wilmington NC 28405	Treasurer 3.00	3,000.	0.	0.
Virginia Adams 331 Hidden Valley Rd Wilmington NC 28409	Director 1.00	0.	0.	0.
Brad Donnell 6708 Hardscrabble Ct Wilmington NC 28409	Director 1.00	0.	0.	0.
Brad Dawson 3232 Amber Dr Wilmington NC 28409	Director 1.00	0.	0.	0.
George Gates 4017 Chandler Dr Wilmington NC 28405	Director 1.00	0.	0.	0.
Lori Harris 201 Silver Sloop Way Carolina Beach NC 28428	Director 1.00	0.	0.	0.
Tom McMillan 1710 Verrazzano Pl Wilmington NC 28405	Director 1.00	0.	0.	0.
Bill Norris 2313 Parham Wilmington NC 28409	Director 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.		
37b	Did the organization file **Form 1120-POL** for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9 39a		
39b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ► _____		

42a The organization's books are in care of ► John H Liverman III Telephone no ► (910) 792-5600

Located at ► 4020 Oleander Dr Wilmington NC ZIP + 4 ► 28403

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► _____		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ► _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► Signature of officer — Date: 2 NOVEMBER 2010

► Elliott O'Neal Jr
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►		Date 11/1/10	Check if self-employed ► ☐
Firm's name (or yours if self-employed), address, and ZIP + 4	► John H. Liverman III, CPA, PA PO Box 7381 Wilmington NC 28406		Preparer's Identifying Number (See instructions) EIN ► Phone no ► (910) 792-5600

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL - WILMINGTON

Employer identification number

56-0383445

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- ☐ Mail solicitations
- ☐ Internet and email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Pig Picking (event type)	(b) Event #2 Wine Tasting (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	8,685.	10,396.		19,081.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	8,685.	10,396.		19,081.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,928.			1,928.
	8 Entertainment				
	9 Other direct expenses		27.		27.
	10 Direct expense summary Add lines 4- through 9 in column (d)			►	1,955.
	11 Net income summary Combine lines 3, column (d) and line 10			►	17,126.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine lines 1, column (d) and line 7			►	

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If 'No,' explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' explain			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records				
Name ►				
Address ►				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?			15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____				
c If 'Yes,' enter name and address of the third party				
Name ►				
Address ►				
16 Gaming manager information				
Name ►				
Gaming manager compensation ► $ _____				
Description of services provided ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $				

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No
ROTARY INTERNATIONAL - WILMINGTON	56-0383445

Line 24 - Other Assets:	Beginning of Year	End of Year
Prepaid Expenses	639.	0.
Totals to Form 990-EZ, Part II, line 24	639.	0.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Scholarships Payable	4,500.	0.
Rotary Foundation Contributions	3,400.	3,675.
Restricted Revenues - Project	0.	2,500.
Prepaid Dues	0.	15.
Totals to Form 990-EZ, Part II, line 26	7,900.	6,190.

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)

Dues - Rotary International	12,163.
Dues - Rotary District - USA	8,492.
Conference, Conventions and Meetings	76,737.
Rotary Information	1,412.
Community Service	6,216.
International Service	4,756.
Bank Fees	72.
Honors	1,031.
General Expenses	1,416.
Junked Assets	885.
Total	113,180.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business [ ] Person [X] Robert Lewis 6513 Old fort Rd Wilmington NC 28405 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.
Business [ ] Person [X] Stacy Ankrum 419 Point View Ct Wilmington NC 28411 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.
Business [ ] Person [X] Jerry Brett 3305 Raynor Ct Wilmington NC 28409 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.
Business [ ] Person [X] Dick McGraw 2016 Graywalsh Dr Wilmington NC 28405 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.
Business [ ] Person [X] Linda Pearce 602 Wright St Wilmington NC 28401 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business ☐ Person ☐ Chris Riley 6240 Towls Rd Wilmington NC 28409 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment Water Purification Systems for Honduras

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Grant to 501(c)(3)	Business ☒ Person ☐ Water Missions International P O Box 31258 Charleston SC 29417	None	25,000.

If property other than cash was given, the following additional information needs to be provided
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Education of Needy Students

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business ☒ Person ☐ UNC-Wilmington 601 S College Rd Wilmington NC 28403	NONE	3,600.

If property other than cash was given, the following additional information needs to be provided
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued

Grants and Similar Amounts Paid

Purpose of Payment Education of Needy Students

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] Cape Fear Community College 411 N Front Street Wilmington NC 28401	NONE	3,600.

If property other than cash was given, the following additional information needs to be provided.
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined